STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Maryland

CASE MANAGEMENT SERVICES

A. Target Group: Persons who are certified for and are receiving Medical Assistance benefits, who do not reside in long-term care institutions, for whom case management has been recommended in the plan of care developed as part of the STEPS multidisciplinary assessment as necessary to enable the individual to gain access to services, who choose to receive STEPS case management services, who are not receiving the same case management services under a Section 1915(b) or (c) waiver, and who are not hospital inpatients.

B. Areas of State in Which Services Will Be Provided:

☒ Entire State

☐ Only in the following geographic areas (authority of 1915(g)(1) of the Act is invoked to provide services less than statewide):

C. Comparability of Services:

☐ Services are provided in accordance with 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration and scope. Authority of 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of 1902(a)(10)(B).

D. Definition of Services:

(See attached pages 2 - 3).

E. Qualifications of Providers:

(See attached pages 3-4).

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

D. Definition of Services:

1. Case Management means a service which will assist participants in gaining access to:
   a. The full range of Medical Assistance services for which the individual is qualified and
   b. Any other needed support services such as medical, social, housing, financial, adult day care, in-home aide, and counseling.
2. In the 60-day period immediately following the Statewide Evaluation and Planning Services (STEPS) multidisciplinary assessment, initial STEPS case management includes, as a unit of service, the initial encounter with the participant to establish a plan of care, as well as all other covered services necessary for implementation of the plan of care. After this initial 60-day period, ongoing case management activities include, as a unit of service,a monthly telephone contact with the participant and all other covered services necessary as part of the follow-up.
3. The Department reimburses for case management services which include:
   a. Discussing with the participant the recommended plan of care from the STEPS multidisciplinary assessment and informing the participant of the availability of the recommended services for which the participant is potentially eligible;
   b. Arranging for delivery of services by referring the participant to qualified providers and negotiating with and securing service providers selected by the participant;
   c. Following up promptly to ensure that all services are in place and that the quantity and quality are sufficient to meet the participant's needs;
   d. Monitoring the participant and the service provision on an ongoing basis. This activity includes regular telephone contact with the recipient, recipient's family or significant others, and service providers. The telephone contacts should occur as often as necessary, but at least monthly. It also includes regularly scheduled home or in-person visits, at least quarterly.
   e. Providing assistance to service providers. This activity includes providing patient-specific information to service providers, with the participant's written consent, in order to help them provide appropriate care.

f. Determining the participant's desire and continuing need for case management services, to enable the participant to remain in the community. This determination is made no later than 60 days after case management begins and at least every 6 months after the initial 60 days. As necessary, the plan of care is revised with the participant's input. If the participant's condition changes significantly, he/she is referred for a STEPS reassessment.

4. The following conditions must be met for services to be reimbursed:
   a. Case management was recommended in the STEPS plan of care as necessary to enable the individual to remain in the community, and the participant chooses to receive such services;
   b. The STEPS case management provider and case manager are available to provide case management services not more than 3 working days after the receipt of the STEPS multidisciplinary assessment's plan of care recommendations and selection by the participant as the provider and case manager;
   c. The services are rendered to qualified participants for STEPS case management;
   d. The STEPS case management services are adequately performed as reflected on the completed form specified by the Department and submitted to the Program as a condition for payment; and
   e. The services are rendered by a provider approved to perform STEPS case management.

E. Qualifications of Providers

1. A provider of STEPS case management services must be a health services agency:
   a. Providing STEPS case management through an appropriate agreement with the Department and identified as a Program provider by the issuance of an individual account number;
   b. Employing licensed registered nurses and licensed social workers as case managers. The licensed registered nurses must:
      (i) Have 2 years of community health nursing experience; or
      (ii) Be directly supervised by a licensed registered nurse with 2 years of community health nursing experience; and

c. Demonstrating experience in providing case management services and in implementing plans of care for aged and chronically ill clients.

2. In order to be reimbursed by the State, a provider of STEPS case management services must:
   a. Ensure that employees performing STEPS case management meet the licensure requirements for either a nurse or social worker pursuant to the relevant Health Occupations Article in the Annotated Code of Maryland;
   b. Apply for participation in the Program using the application form designated by the Department;
   c. Be approved for participation by the Department;
   d. Have a provider agreement in effect;
   e. Verify the licenses and credentials of all professionals who are employed by, or who contract with, the provider of services;
   f. Verify the eligibility of recipients, as part of the billing process;
   g. Accept payment by the program as payment in full for services rendered and make no additional charge to any person for STEPS case management;
   h. Provide services without discrimination on the basis of race, color, age, sex, national origin, marital status, physical or mental handicap;
   i. Place no restrictions on a recipient's right to select among available health care providers;
   j. Maintain adequate records for a minimum of 5 years, and make them available, upon request, to the Department or its designee;
   k. Not knowingly employ or contract with person, partnership, or corporation which has been disqualified from the Program to provide or supply service to Medical Assistance recipients, unless prior written approval has been received from the Department;
   l. Agree that claims rejected for payment due to late billing may not be billed to the participant;
   m. Have a written plan for the implementation of STEPS case management;
   n. Be available to participants at least 8 hours a day, 5 days a week, have established hours of daily operation, including after hours procedures for handling emergency cases.
   o. Have existing policies and procedures concerning the provision of STEPS case management services;

p. Develop, as appropriate, interagency, intra-agency, and other agreements in order to facilitate access to long-term care services and coordinate with local public agencies and other providers of long-term care; and

q. Provide case management services to STEPS participants.